AMENDMENT TRANSMITTAL LETTER					Docket No. 606448011US1
Application No.		Filing Date		Examiner	Art Uni
10/680,962-Conf. #6073		October 7, 2003		M. Anwari	2144
licant(s): Toul	boul et al.				
METHO ention: REPOF SYSTE	RTING, TRACII	TEMS FOR AI	UTO-MARKIN CY ENFORC	NG, WATERMARKI EMENT VIA E-MAI	NG, AUDITING, L AND NETWORKIN
	TC	THE COMMI	SSIONER FO	OR PATENTS	
ansmitted here	with is an ame	ndment in the	above-identif	ied application.	
e fee has beer	calculated and	d is transmitte	d as shown b	elow.	
		CLAIM	S AS AMENI	DED	
	Claims Remaining After	Highest Number Previously	Number Extra Claims		
	Amendment	Paid - 90 =	Present 0	Rate x 52.00	0.00
Total Claims	82		-		
Claims	8	- 12 =	0	x 220.00	0,00
Multiple Depend	ient Claims (ch	eck if applicabl	le)		
Other fee (pleas	ional FEE FO	OR THIS AME	NDMENT:		0.00
	IONAL FEE FO	OR THIS AME	NDMENT:	Small Entity	0.00
TOTAL ADDIT	IONAL FEE FO			Small Entity	0.00
COTAL ADDIT	IONAL FEE FO	d for this ame	ndment.	Small Entity	
COTAL ADDIT	IONAL FEE FO	od for this ame count No. eet is enclosed	ndment. i	n the amount of \$	
COTAL ADDIT	IONAL FEE FO	od for this ame count No. eet is enclosed	ndment. i		
TOTAL ADDITION Large Entity No additional Please charge A duplicate of	IONAL FEE FO	od for this ame count No. eet is enclosed	ndment. i d. to cover	n the amount of \$	
Large Entity X No additiona Please chan A duplicate A check in the	al fee is require ge Deposit Acc copy of this she he amount of \$ credit card. For	od for this ame count No. eet is enclosed orm PTO-2038	ndmenti dto cover d is attached.	n the amount of \$	osed.
FOTAL ADDIT Large Entity No additiona Please char A duplicate A check in the payment by The Director as described	al fee is require ge Deposit Acc copy of this she he amount of \$ credit card. For	od for this amerount Noeet is enclosed orm PTO-2038	ndmenti dto cover d is attached.	n the amount of \$ _ the filing fee is enc	osed.
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TOTAL ADDIT X Large Entity X No additiona Please chan A duplicate A check in th Payment by X The Director as described X Credit a X Charge : Michael A. Ob	al fee is require ge Deposit Acc copy of this she he amount of \$ credit card. For is hereby auth d below. ny overpaymer any additional fil	od for this amer count No. eet is enclosed orm PTO-2038 norized to char nt. ing or application	ndment. d to cover B is attached. rge and credit	n the amount of \$ _ the filing fee is enc Deposit Account N	osed. o50-2283 37 CFR 1.16 and 1.17
TOTAL ADDIT X Large Entity X No additiona Please chan A duplicate A check in th Payment by X The Director as described X Credit a X Charge : Michael A. Ob	IONAL FEE FC al fee is require ge Deposit Accopy of this she he amount of \$ credit card. Fr is hereby auth d below. ny overpaymer any additional fill lon/ on Reg. No.: 42,	od for this amer count No. eet is enclosed orm PTO-2038 norized to char nt. ing or application	ndment. d to cover B is attached. rge and credit	n the amount of \$ _ the filing fee is enc Deposit Account N	osed. o50-2283 37 CFR 1.16 and 1.17

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic fillin system in accordance with § 1 6(a)(4).

Dated October 27, 2008 Electronic Signature for Michael A. Oblon /Michael A. Oblon/